

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. 09785719 FILING DATE 02-25-01 APPLICANT(S) _____
--	---

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3		✓				
4		✓				
5		✓				
6		✓				
7		✓				
8		✓				
9		✓				
10		✓				
11		✓				
12		✓				
13		✓				
14		✓				
15		✓				
16		✓				
17		✓				
18	✓					
19		✓				
20		✓				
21		✓				
22		✓				
23		✓				
24		✓				
25		✓				
26		✓				
27		✓				
28		✓				
29		✓				
30	✓					
31		✓				
32		✓				
33		✓				
34		✓				
35		✓				
36		✓				
37		✓				
38		✓				
39		✓				
40		✓				
41		✓				
42		✓				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	39	↓		↓		↓
TOTAL CLAIMS	42					

CLAIMS						
	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS